

DEPARTMENT

DIVISION

OPERATOR'S HEADQUARTERS ADDRESS

VEHICLE LICENSE

REPORTING PERIOD

MILEAGE FOR REPORTING PERIOD

PERCENTAGE OF USE BY PRIMARY OPERATOR

NUMBER OF WORKDAYS
VEHICLE AVAILABLENUMBER OF WORKDAYS
VEHICLE USEDPERCENT OF AVAILABLE
DAYS

PRIMARY OPERATOR'S NAME

TITLE

HOME ADDRESS

NATURE OF USAGE

What is the justification for vehicle being primarily assigned to this operator? Describe operator's duties as they relate to the use of this vehicle.

Are other means available to meet this need?

☐ NO ☐ YES If yes, why are the other means of transportation not utilized?

DEPARTMENTAL ACTION

☐ Departmental Pool

☐ General Services Pool

☐ To different primary assignment which will better utilize vehicle

Other

SUBMITTED BY

PRINT OR TYPE NAME

TELEPHONE NUMBER

DATE _____

PRINT OR TYPE NAME

DATE _____